



LANGUAGE ACCESS SERVICES

The City of Fremont is committed to effective communication to ensure residents are not precluded from utilizing public services because of language barriers. Please use the following process to request language access services. The City will assist you to the best of its ability.

- **Request:** Any person who needs language access assistance to utilize public services from a City department may file a written request for such with the City.
- **Filing:** Use the Language Access Form to file your request with the City if you are having difficulties utilizing a service because of language barriers. If you need help in filling out the form, a representative from the City will assist you in completing the form based on the information you provide.
- **Information Needed:** You or your authorized representative must sign the completed form. Please provide the following information:
 - Your name and contact information;
 - Date when access is needed;
 - Name of the department where access is needed; and
 - Nature of the language access needed to help utilize public services.
- **When and Where to File:** Please file the request as soon you are aware that you will need language access assistance. The request should be filed with the department where you need services.
- **Notification:** You will be notified when the City receives your request. The City will promptly consider your request and provide you with a written response and directions for assistance. The City will respond within 24-48 hours.
- **Complaint:** If you are not satisfied with the response you receive, you may use the Language Access Form to file a complaint to the City Manager for further assistance. The City Manager (or designee) will provide a written response to your request within 24-48 hours.

The Language Access Form is available in the following languages:
English, Spanish, Dari, Pashtu, Hindi, Punjabi and Chinese

For questions regarding the Language Access Request process please contact:
English (510-284-4000), Español (574-2056), Farsi (574-2068), Mandarin (574-2135), and
Cantonese (510-574-2403). Email: cof@fremont.gov



Language Access Form

TO REQUEST SERVICES

Name of person needing services: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: Home _____ Work _____ Cell _____

Date when services are needed: _____

Name of City Department: _____

Please describe in detail the assistance you need:

(Please use the back page if you need more space. Attach any supporting documents.)

TO FILE A COMPLAINT

If you are not satisfied with the response you receive after you have requested assistance, please fill out the following *additional* information and submit it to the City Manager's Office located at 3300 Capitol Avenue, Fremont, CA 94538 or cof@fremont.gov.

Nature of the problem (if any) with utilizing public services: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Lack of non-English translated forms | <input type="checkbox"/> Interpreters/translators not competent |
| <input type="checkbox"/> Lack of bilingual personnel | <input type="checkbox"/> Unable to access services |
| <input type="checkbox"/> Not provided interpretation services | <input type="checkbox"/> Other (please describe): |



If applicable, please provide the name of the individual and/or department/agency that assisted the affected person complete this form.

Person/Position: _____
Department/Agency: _____
Phone: _____

Signature of affected person or authorized representative Date

Name and title of authorized representative, if applicable Date

FOR DEPARTMENT USE ONLY

Date of receipt of the request: _____

☐ Request resolved (date) _____ ☐ _____

Please describe how this request was resolved:

Contact Person/Position: _____

Phone Number: () _____